

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14310

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Saint Louis (No. 339 N. Taylor Ave.)

File No. 3681
Registered No. 3681
St. _____ Ward _____

2. FULL NAME FRANCES H. EDGAR RICE

(a) Residence. No. 339 North Taylor Ave. St. 19 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDWARD PARKER RICE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21st. 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>5</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Timothy Bloomfield Edgar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rahway,
(STATE OR COUNTRY) New Jersey

12. MAIDEN NAME OF MOTHER Mary Ann Boyce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Huntsville,
(STATE OR COUNTRY) Ala.

14. INFORMANT Mrs. R. B. Whittemore
(Address) 4905 Argyle Avenue

15. FILED APR 13 1930 Max Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

17. I HEREBY CERTIFY, That I attended deceased from February 20, 1930, to April 11, 1930, and that that I last saw her alive on April 11, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute typhlo - nephritis
93c
133A

162 (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) myocarditis - secondary
exhaustion (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) Frederic R. Petalio, M. D.

4-12-1930 (Address) 5233 Waterman Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 4/14 1930

20. UNDERTAKER Wagoner and Co ADDRESS 3621 Olive St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

